

Case Number:	CM14-0091363		
Date Assigned:	08/08/2014	Date of Injury:	11/12/2013
Decision Date:	09/17/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/16/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53-year-old with a reported injury on 11/12/2013. He sustained his injury while walking through a middle partition used to keep out welding smoke. The blinds were held by a rope at the top which, when he opened the blinds, one of the middle partitions fell on his head, neck and left shoulder. His diagnoses included cervicalgia, left shoulder impingement syndrome, cephalgia, and dizziness. There was no evidence or documentation provided regarding previous treatments or conservative care to include exercises, the use of NSAIDs and a home exercise program. The injured worker had an examination on 04/17/2014. The injured worker complained of frequent headaches that varied throughout the day at a level of a 4/10, constant stabbing pain in the neck that was on a pain level of 5/10, and the pain increased when he turned his head from side to side, flexing and extending the head/neck, reaching or lifting, and with prolonged sitting and standing. He complained also of left shoulder pain that was frequent, sharp, dull, stabbing, and aching, and radiated to the left arm and hand level. He rated that pain at a level of 6/10. The examination of the cervical spine noted that the injured worker had positive O'Donogue's sign with cervical flexion and extension, and he did have a negative Spurling's test of the cervical spine. The maximum cervical compression test was positive, and the cervical distraction test was positive. His range of motion of his cervical spine did show deficits. His range of motion of his left shoulder did show deficits as well, and he was positive for a supraspinatus press test of the left shoulder. He was also positive for Apley's scratch test of the left shoulder. The injured worker's medications list consisted of Tylenol and ibuprofen. The injured worker was being prescribed new medications of cyclobenzaprine, tramadol, naproxen sodium, pantopazole sodium, gabapentin, dextromethorphan, and amitriptyline flurbiprofen, tramadol and the cyclobenzaprine in Mediderm base to apply a thin layer. The Request for Authorization was not provided. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective Cyclobenzaprine HCL 7.5 mg #90 (DOS 4/17/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants- Flexeril Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The California MTUS Guidelines also recommend cyclobenzaprine for a short course of therapy. There is limited, mixed evidence that does not allow for recommendation of chronic use. The dosing of the cyclobenzaprine should be 5 mg 3 times a day, and this medication is not recommended to be used for longer than 2 to 3 weeks. The injured worker does not complain of back pain. There is no evidence of when this medication was started and how long he has been on it. The request is requesting 7.5 mg; there is no evidence that 5 mg has been tried. There is no efficacy of this medication provided. The request does not specify frequency and duration. There is lack of evidence to support the number of 90 pills without further evaluation and assessment. Furthermore, the injured worker did not have complaints of muscle spasms. The clinical information fails to meet the evidence based guidelines for the request. Therefore, the request for the Retrospective Cyclobenzaprine HCL 7.5 mg #90 (DOS 4/17/14) is not medically necessary.

Retrospective Pantoprazole Sodium DR 20mg #60 (DOS 4/17/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks Page(s): 68.

Decision rationale: The request for the Retrospective Pantoprazole Sodium DR 20mg #60 (DOS 4/17/14) is non-certified. The California MTUS Guidelines recommend PPI for the event of injured workers that are NSAIDs and are at risk for gastrointestinal events such as: over the age of 65; history of peptic ulcer GI bleed or perforation; the concurrent use of aspirin, corticosteroids, and/or anticoagulants; and/or high dose or multiple doses of NSAIDs. The injured worker is not over the age of 65, does not have a history of peptic ulcer, GI bleed or perforation, and is not currently using aspirin, corticosteroids or anticoagulants. He is not on high doses of NSAIDs. The injured worker has had no complaints of gastrointestinal events such as nausea, vomiting, diarrhea or constipation. Furthermore, the request does not specify directions as far as frequency and duration, and there is a lack of evidence to support the number of 60 pills without further evaluation and assessment. The clinical information fails to meet the

evidence based guidelines for the request. Therefore, the request for the Retrospective Pantoprazole Sodium DR 20mg #60 (DOS 4/17/14) is not medically necessary.

Gabapentin 10% Dextromethorphan 10% #210gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: California MTUS Guidelines do not recommend any compounded product that contains at least 1 drug (or drug class) that is not recommended. There are many agents that are compounded as a monotherapy or a combination of pain control to include NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, A-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, Y agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little research to support the use of many of those agents. The use of these compounded agents requires knowledge of the specific analgesic effect. The ingredient of gabapentin is not recommended because there is no peer reviewed literature to support its use. Dextromethorphan is indicated for cough, and there is no research regarding a topical use for this medication. Furthermore, the request does not have directions as far as frequency, duration, and/or where to put this cream. Therefore, the request for the Gabapentin 10% Dextromethorphan 10% #210gms is not medically necessary.

Amitriptyline 10% Flurbiprofen 20% Tramadol 20% #210gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-114.

Decision rationale: The California MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine the efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The California MTUS Guidelines do not recommend any compounded product that contains at least 1 drug (or drug class) that is not recommended. There are many agents that are compounded as a monotherapy or a combination of pain control to include NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, A-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, Y agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little research to support the use of many of those agents. There was a lack of documentation provided that trials of antidepressants and anticonvulsants have been tried and failed. There is a lack of evidence to support the medical necessity of this compound. Furthermore, the request did not specify directions as for as

frequency and duration and the placement of this product. Therefore, the request for Amitriptyline 10% Flurbiprofen 20% Tramadol 20% #210gms is not medically necessary.

Cyclobenzaprine 4% #210gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-114.

Decision rationale: The California MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine the efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The California MTUS Guidelines do not recommend any compounded product that contains at least 1 drug (or drug class) that is not recommended. There is no evidence of use for any other muscle relaxant as a topical product other than Baclofen, which is for the use of chemotherapy-induced peripheral neuropathy. There is a lack of evidence to support the medical necessity of Cyclobenzaprine. Furthermore the request does not specify directions as far as frequency, duration and where to apply the product. Therefore, the request for the Cyclobenzaprine 4% #210gms is not medically necessary.